Orthodontics for Children

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Definitions

The following definitions are found in WAC 388-535A-0010 and apply to the Orthodontic section of this billing instruction.

Adolescent Dentition – The dentition that is present after the normal loss of primary teeth and prior to cessation of growth that would affect orthodontic treatment.

Adult – For the general purposes of MAA's dental program, means a client 21 years of age and older. (MAA's payment structure changes at age 19, which affects specific program services provided to adults or children). [WAC 388-535-1050]

Appliance placement – The application of orthodontic attachments to the teeth for the purpose of correcting dentofacial abnormalities.

Child –For the general purposes of the MAA Dental Program, means a client 20 years of age or younger. (MAA's payment structure changes at age 19, which affects specific program services provided to adults or children). [WAC 388-535-1050]

Cleft – The opening or fissue involving the dentition and supporting structures especially one occurring in utero. These can be:

1. Cleft lip; and/or
2. Cleft palate (involving the roof of the mouth); or
3. Facial clefts (e.g., macrostomia).

Comprehensive full orthodontic treatment – Utilizing fixed orthodontic appliances for the treatment of the permanent dentition leading to the improvement of a patient's severe handicapping carniofacial dysfunction and/or dentofacial deformity, including anatomical and functional relationships.

Craniofacial anomalies – Abnormalities of the head and face, either congenital or acquired, involving disruption of the dentition and supporting structures.

Craniofacial team – A Department of Health and Medical Assistance Administration recognized cleft palate/maxillofacial team or an American Cleft Palate Association-certified craniofacial team. These teams are responsible for management (review, evaluation, and approval) of patients with cleft palate craniofacial anomalies to provider integrated case management, to promote parent-professional partnership, and make appropriate referrals to implement and coordinate treatment plans.

Dental dysplasia – An abnormality in the development of the teeth.

EPSDT – The department's Early and Periodic Screening, Diagnosis, and Treatment program for clients 20 years of age and younger as described in chapter 388-534 WAC.

Hemifacial microsomia – A developmental condition involving the first and second brachial arch. This creates an abnormality of the upper and lower jaw, ear, and associated structures (half or part of the face appears smaller sized).

Interceptive orthodontic treatment – Procedures to lessen the severity or future effects of a malformation and to affect or eliminate the cause. It is an extension of preventive orthodontics that may include localized tooth movement. Such treatment may occur in the primary or transitional dentition and may include such procedures as the redirection of ectopically erupting teeth, correction of isolated dental cross-bite, or recovery of recent minor space loss where overall space is adequate.

Limited transitional orthodontic treatment – Orthodontic treatment with a limited objective, not involving the entire dentition. It may be directed only at the existing problem, or at only one aspect of a larger problem in which a decision is made to defer or forego more comprehensive therapy.

Malocclusion – The abnormal contact between the upper and lower teeth that interferes with the highest efficiency during the movements of the jaw that are essential to chewing.

Maxillofacial – Relating to the jaws and face.

Occlusion – The relation of the upper and lower teeth when in functional contact during jaw movement.

Orthodontics – Treatment involving the use of any appliance, in or out of the mouth, removable or fixed, or any surgical procedure designed to redirect teeth and surrounding tissues.

Orthodontist – A dentist who specializes in orthodontics, who is a graduate of a postgraduate program in orthodontics that is accredited by the American Dental Association, and who meets the licensure requirements of the Department of Health.

Primary Dentition – Teeth developed and erupted first in order of time.

Transitional Dentition – The final phase of the transition from primary to adult teeth, in which the deciduous molars and canines are in the process of shedding and the permanent successors are emerging.

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Orthodontics

Who is eligible? [Refer to WAC 388-535A-0020]

MAA covers medically necessary orthodontic treatment for severe handicapping malocclusions, craniofacial anomalies, or cleft lip or palate for children (20 years of age and younger) only when the client's Medical Identification card lists one of the following medical program identifiers:

Medical Program Identifier	Medical Program
CNP	Categorically Needy Program
CNP – CHIP	CNP – Children's Health Insurance Program

Who is NOT eligible? [Refer to WAC 388-535A-0020]

MAA does not cover orthodontic services for adults.

Who may provide and be reimbursed for orthodontic services? [Refer to WAC 388-535A-0030]

With prior approval from MAA when necessary, the following providers may furnish and be reimbursed for covered comprehensive full orthodontic treatment, interceptive orthodontic treatment, or limited orthodontic treatment to MAA clients:

- Dentists who specialize in orthodontics;
- Pediatric dentists who provide MAA-approved orthodontic services; and
- General dentists who provide MAA-approved orthodontic services.

What is covered by MAA?

[Refer to WAC 388-535A-0040]

MAA covers medically necessary orthodontic treatment for severe handicapping malocclusions, craniofacial anomalies, or cleft lip or palate when the client meets the eligibility requirements listed on page 1 and the criteria below.

What are MAA's criteria for orthodontic services?

To be eligible for orthodontic care, a client must be eligible for EPSDT and meet one of the following categories:

- A child with clefts (lip and/or palate) and congenital or acquired craniofacial anomalies, when case-managed by an MAA-recognized cleft lip, cleft palate, or craniofacial team for:

  - ✓ Cleft lip and palate, cleft palate or cleft lip with alveolar process involvement;
  - ✓ Craniofacial anomalies, including but not limited to:

    - ➢ Hemifacial microsomia;
    - ➢ Craniosynostosis syndromes;
    - ➢ Cleidocranial dysplasia;
    - ➢ Arthrogryposis;
    - ➢ Marfans syndrome; or
    - ➢ Other syndromes by MAA review.

  - ✓ Other diseases/dysplasia with significant facial growth impact, e.g., juvenile rheumatoid arthritis (JRA); or
  - ✓ Post traumatic, post radiation, or post burn jaw deformity;

  Note: MAA or the Office of Children with Special Health Care Needs (OCSHCN) does not require written prior authorization for services to a client with cleft palate and/or craniofacial anomalies when the client is case-managed by an MAA-recognized cleft palate and/or craniofacial team that has a Special Agreement with MAA.

- A child with severe malocclusions which include one or more of the following:

  - ✓ Deep impinging overbite WHEN LOWER INCISORS ARE DESTROYING THE SOFT TISSUE OF THE PALATE.
  - ✓ Crossbite of individual anterior teeth WHEN DESTRUCTION OF THE SOFT TISSUE IS PRESENT.
  - ✓ Severe traumatic deviations (for example: loss of a premaxilla segment by burns or by accident; the result of osteomyelitis; or other gross pathology).
  - ✓ Overjet greater than 9mm with incompetent lips or reverse overjet greater than 3.5mm with reported masticatory and speech difficulties.
  - ✓ Other conditions from 5→12 on the handicapping labiolingual deviation HLD WA-Mod Index Scale that total 25 or higher.

Orthodontic treatment

[Refer to WAC 388-535A-0060]

MAA's payment includes the initial necessary retainers and appliance removal. MAA does not cover lost or broken orthodontic appliances.

- MAA covers interceptive orthodontic treatment once in a client's lifetime for clients with cleft palate, craniofacial anomaly, or severe malocclusions.

- MAA covers limited transitional orthodontic care for a maximum of one year from original placement. MAA allows follow up treatments in three-month increments after the initial appliance placement.

- MAA limits full orthodontic care to a maximum of two years from original appliance placement. MAA allows six follow-up treatments in three-month increments, beginning six months after original appliance placement. See "When Do I Bill"" pg. 10.

What about orthodontic treatment beyond the client's eligibility period?

[Refer to WAC 388-535A-0060(10)(11)]

MAA requires written prior authorization for orthodontic care, unless specified otherwise. Frequently, orthodontic care extends over many months. Make certain that the client or the client's guardian fully understands that if eligibility for dental benefits ends before the conclusion of the orthodontic treatment, payment for any remaining treatments will be his/her responsibility.

When do I need to fill out the Orthodontic Information sheet [DSHS 13-666]?

Any time orthodontic services are requested for an MAA client, you must complete the Orthodontic Information sheet [DSHS 13-666]. To download copies of DSHS 13-666, go to: http://www.wa.gov/dshs/dshsforms/forms/eforms.html

Orthodontic Information Sheet [DSHS 13-666]

(To be completed by the performing orthodontist or dentist.
Use either blue or black ink only and a highlighter to prevent return of claims by Claims Processing.)

Follow steps 1 and 2 below when applying for authorization to provide orthodontic services:

1. Complete the Orthodontic Information sheet [current version dated 6/2001]

a) Fill in the *provider information* and *patient information* sections at the top of the sheet.

b) In Part 1, fill in the information requested in each area that applies to the treatment being provided.

c) In Part 2, fill in as much as possible to assist MAA's orthodontic consultant in determining medical necessity.

2. Submit the following full set of 8 dental photographs to MAA:

a) **Intraoral Dental Photographs:**

1) Anterior (teeth in centric occlusion)
2) Right lateral (teeth in centric occlusion)
3) Left lateral (teeth in centric occlusion)
4) Upper Occlusal View (taken using a mirror)
5) Lower Occlusal View (taken using a mirror)

b) **Extraoral Photographs:**

1) Frontal
2) Frontal Smiling
3) Lateral Profile

Mailing Address:

Mail the materials, with the patient's PIC and name, to:

Program Management and Authorization Section
PO Box 45506
Olympia, WA 98504-5506

Remember to include the authorization number on the ADA claim form whenever authorization has been obtained.

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See next page for
Orthodontic Information Sheet

ORTHODONTIC INFORMATION

MEDICAL ASSISTANCE ADMINISTRATION/DIVISION OF HEALTH SERVICES QUALITY SUPPORT
QUALITY UTILIZATION SECTION -ORTHO
OLYMPIA WA 98504-5506

Both Sides Of This Form Must be Completed and Submitted BEFORE Treatment.

Provider name and address:	PATIENT'S NAME LAST	FIRST	MI	SEX

PATIENT IDENTIFICATION CODE (PIC)				
FI	MI	BIRTHDATE	LAST NAME	TB

DSHS Provider number:

PART I. TREATMENT REQUESTED (Check box below)

DATE REQUESTED:

- ☐ Maxillo-facial cleft deformity
- ☐ Full Treatment
- ☐ Transfer case
- ☐ Interceptive treatment
- ☐ Limited Transitional Treatment (mid-late mixed dentition)
- ☐ Special Review
- ☐ Advisory (If there is no request for treatment or appliances stop here)

☐ PREVIOUS TREATMENT PLAN?

ESTIMATED START DATE

TENTATIVE TREATMENT PLAN:

FUNCTIONAL CONCERNS:

TREATMENT PLAN (Following Case Study):

(There should be no other equally effective, more conservative and substantially less costly treatment available.)

THIS SECTION FOR MAA/DUS USE ONLY

☐ **Orthodontic case study and treatment request are authorized.**

☐ **Orthodontic case study request authorized. Requested treatment is not authorized at this time.** ***Submit case study for evaluation.***

☐ **APPROVED** ☐ **DENIED** ☐ **PENDED**

Refer to the cover sheet for the consultant's comments

Authorization Number:	
Orthodontic Consultant	Date

The authorization number must be entered on all billings and extension requests.

RETAIN this information sheet with case record.

RETURN a copy of this form to Orthodontic Authorization, QUS - Dental (address at top of form) with request(s) for extension of authorization.

Direct Authorization Questions to (360) 725-1671

DSHS 13-666 (REV. 06/2001)

ORTHODONTIC DIAGNOSTIC INFORMATION

Part II

Client Name:

Client Age:

Client's Chief Complaint:

STAGE OF DENTITION:

☐ Primary ☐ Permanent ☐ Mixed

ANTERIOR TEETH:

Overjet _____ mm

Overbite _____ mm

Open bite _____ mm

Midline _____ mm

Corset _____

POSTERIOR TEETH:

Angle Classification:

Skeletal Classification: (Circle One)

Class 1 Class 2 Class 3

Dental Classification: (Circle One)

Right: Class 1 E to E Class 2 Class 3

Left: Class 1 E to E Class 2 Class 3

Cross bite:

Indicate all teeth involved _____

CROWDING (Approximate) SPACING

mm		mm	
mm		mm	

MISSING & MALPOSED TEETH (List)

	Yes	?
Ectopic Eruption (Numbers of teeth excluding 3rd Molar(s): _____		
Missing: _____		
Malposed, Inclined, or Rotated: _____		
Impacted _____		
Ankylosed _____		
Supernumerary _____		
Malformed _____		

BRIEF INITIAL OPINIONS

HABITS?

MUSCULATURE: TONE & FUNCTION:

SYMMETRY of ARCHES?

TEMPOROMANDIBULAR DYSFUNCTION?

GOOD ORAL HYGIENE?

☐ Good ☐ Fair ☐ Poor

RESTORATION OR CARIES PROBLEMS?

OTHER MEDICAL or DENTAL PROBLEMS?

I certify that the information provided is true and accurate to the best of my knowledge.

PROVIDER SIGNATURE	DATE

Orthodontic Examination Review Results from MAA

The MAA orthodontic consultant will review the photos and all of the information you submit for each case and will return the Orthodontic Information sheet to you with one of the following indications:

____ Orthodontic case study and treatment requests are authorized.

____ Orthodontic case study request authorized. *Requested treatment is not authorized at this time*. Re-submit with study models for evaluation, or see comments on the "Orthodontic Authorizations" Sheet.

____ Request for orthodontic case study denied. See comments on the "Orthodontic Authorizations" Sheet.

Submitting Additional Information

If your initial submission is not authorized for treatment, submit only the information requested by MAA for re-evaluation. Such information may include:

- Claim for the full case study attached to the Orthodontic Information sheet; and
- Appropriate radiographs (e.g., panoramic and cephalometric radiographs);
- Diagnostic color photographs (8). See page 4.
- **A separate letter with any additional medical information if it will contribute information that may affect MAA's final decision.**
- **Study models. (Do not send study models unless they are requested.)**
- **Other information if requested.**

When do I bill?

Limited Orthodontic Treatment

1. **First Billing:** When limited orthodontic treatment is authorized, you should bill MAA at the time you place the appliance. The initial reimbursement will include placement of the appliance and the first quarter of active treatment. **Indicate the date of the original appliance placement in field 41 of the ADA form.**

2. **Subsequent Billing:**

   - ✓ After the original three months of treatment, you must bill subsequent treatments in three-month segments.
   - ✓ **Services must be billed at the end of the three-month period.** For billing purposes, use a date towards the end of the three-month period as the date of service.
   - ✓ Services billed using earlier dates in the three-month period may be denied payment.
   - ✓ Document the actual service dates in the client's record.

   Indicate the date of the original appliance placement in field 41 of the ADA form.

3. **Total Care Maximum**: MAA reimburses up to one year of total care from the date of the original placing of appliances. MAA does not authorize extensions for limited transitional orthodontic treatment.

Full Orthodontic Treatment

1. **First Billing:** When full orthodontic treatment is authorized, you should bill MAA at the time of the placing of the appliance. **The initial reimbursement includes placement of the appliance(s) and the first six (6) months of active treatment. Indicate the date of the original appliance placement in field 41 of the ADA form.**

2. **Subsequent Billing:**

   - ✓ After the original six months of treatment, you must bill subsequent treatments in three-month segments.
   - ✓ Services must be billed at the end of the three-month period, using a date towards the end of the three-month period as the date of service for billing purposes.
   - ✓ Services billed using earlier dates in the three-month period may be denied payment.
   - ✓ Document the actual service dates in the client's record.
   - ✓ Indicate the date of the original appliance placement in field 41 of the ADA claim form.

3. **Total Care Maximum**: MAA reimburses a maximum of two years of total care from the date of the original appliance placement, unless the client has reached age 21 or no longer eligible for orthodontic coverage.

When do I need to get prior authorization?

Orthodontic providers must obtain prior authorization for those procedure codes listed in the Orthodontic Fee Schedule that have a "**Yes**" in the Prior Authorization column.

Authorization must take place before the service is provided.

Authorization is based on the establishment of medical necessity as determined by MAA. When prior authorization is required for a service, MAA considers these requests on a case-by-case basis.

When MAA authorizes orthodontic services for children, that authorization indicates only that the specific service is medically necessary; it is not a guarantee of payment. MAA may require second opinions and/or consultations before authorizing any procedure. Authorization is valid only if the client is eligible for covered services on the date of service.

In an acute emergency, the department *may* authorize the service after it is provided when the department receives justification of medical necessity. This justification must be received by MAA within three business days of the emergency service.

Which orthodontic services require prior authorization?

The following orthodontic services for **children with cleft palate and craniofacial anomaly cases**, **require prior authorization**:

1. Removal of appliances, construction, and placement of retainer(s) when the client's appliance was placed by an orthodontic provider not participating with MAA, and/or whose treatment was previously covered by another third-party payor [ADA code D8680].

2. Additional three-month period of follow-up orthodontic care for an eligible client whose banding, appliance placement and/or initial follow-up care was done by a provider not participating with MAA, or who treatment was authorized and previously covered by another third-party payor [ADA code D8690].

For children with **severe handicapping malocclusions**, **all services** listed in the Orthodontic Fee Schedule for those clients **require prior authorization.**

When MAA authorizes a service, that authorization indicates only that the specific service is medically necessary; it is not a guarantee of payment. The client must be eligible for the covered service at the time the service is provided. WAC 388-535A-0050(1)

How do I obtain written prior authorization?

MAA requires an Orthodontic provider who is requesting prior authorization to submit sufficient, objective, clinical information to establish medical necessity.

The request must be submitted in writing on a completed ADA Claim Form and include the following:

- The client's name and date of birth;
- The client's patient identification code (PIC);
- The provider's name and address;
- The provider's telephone number (including area code); and
- The provider's assigned 7-digit MAA provider number.

Also…

- The physiological description of the disease, injury, impairment, or other ailment;
- The most recent and relevant radiographs that are identified with client name, provider name, and date the radiographs were taken. *Radiographs should be duplicates as originals are to be maintained in the client's chart.*
- The proposed treatment;
- Periodontal charting and diagnosis
- Study model (if requested); and
- Diagnostic color photographs (if requested).

(Refer to Section H, How to Complete the ADA Claim Form.)

If MAA approves your request, the ADA Dental Claim Form will be returned to you with an authorization number. **This original form** is to be completed and submitted for payment. Keep a copy for your records.

Medical Justification

1. All information pertaining to medical necessity must come from the client's **prescribing orthodontist.** Information obtained from the client or someone on behalf of the client (e.g., family) will not be accepted.

2. Measurement, counting, recording, or consideration for treatment is performed only on teeth that have erupted and can be seen on the diagnostic study models. All measurements are made or judged on the basis equal to, or greater than, the minimum requirement.

3. Only permanent natural teeth will be considered for full orthodontic treatment of severe malocclusions.

4. Use either of the upper central incisors when measuring overjet, overbite (including reverse overbite), mandibular protrusion, and open bite. The upper lateral incisors or upper canines may not be used for these measurements.

5. Impacted teeth alone are not considered a severe handicapping malocclusion.

Documentation

The billing provider must keep documentation of the criteria in the client's file. This documentation must be readily available for review by MAA staff on request.

Please note:
Upon audit, if specified criteria are not met,
MAA has the authority to recoup any payments made
based on RCW 74.02.050; 74.08.090; 74.09.290; WAC 388-502-0020;
WAC 388-502-0230; and the Core Provider Agreement

Where should I send requests for prior authorization?

Mail your request to:

Program Management and Authorization Section
PO Box 45506
Olympia, WA 98504-5506

For procedures that do not require radiographs
Fax: (360) 586-5299

Expedited Prior Authorization (EPA)

When do I need to bill with an EPA number?

Those orthodontic services listed in the Orthodontic Fee Schedule as **"Requires Expedited Prior Authorization"** must have the assigned EPA number for that procedure on the ADA Claim Form when billing. By placing the appropriate EPA number on the ADA Claim Form when billing MAA, dental providers are verifying that they are billing for a cleft palate or craniofacial anomaly case.

☞ **Note:** The unique EPA number is to be used ONLY when indicated in the fee schedule.

Exceeding Limitations or Restrictions
A request to exceed stated limitations or other restrictions on covered services is called a limitation extension (LE), which is a form of prior authorization. MAA may evaluate and approve requests for LE for dental-related services when medically necessary, as determined by MAA, under the provisions of WAC 388-501-0165. **[WAC 388-535-1080(7)]**

ADA Code	EPA Number	Description	Maximum Allowable 0-20 yrs

CLEFT PALATE AND CRANIOFACIAL ANOMALY CASES

Clinical Evaluations

D0160	**N**	**Detailed and extensive oral evaluation Orthodontic Only** Use this code for Orthodontic information (initial workup). Includes orthodontic oral examination, taking and processing clinical photographs, completing required form(s) and obtaining MAA's authorization decision.	$45.00
D0170	**N**	**Re-evaluation – limited, problem focused (established patient; not post-operative visit)** The following limitations apply when billing for D0170: • Allowed once per client, per visit; • Not allowed in combination with periodic/limited/comprehensive oral evaluations; • Treating provider must be an orthodontist AND either a member of a recognized craniofacial team or approved by MAA's Dental Consultant; and • One of the following medically necessary diagnosis codes must be kept in the client's record: 213.1, 744.9, 749.0, 749.00-749.04, 749.10-749.14, 749.2, 749.20-749.25, 754.0, 755.55, 756.0, 802.2, 802.21-802.29, 802.3, 802.31-802.39, 802.4-802.6	$42.00

ADA Code	EPA Number	Description	Maximum Allowable 0-20 yrs
D8660	**870000950**	**Pre-orthodontic treatment visit** Use this code when billing for Orthodontist Case Study **Requires use of Expedited Prior Authorization number** when billing for cleft palate and craniofacial anomaly cases. Billable only by the treating orthodontic provider. Includes preparation of comprehensive diagnostic records (additional photos, study casts, cephalometric examination), formation of diagnosis and treatment plan from such records, and formal case conference. Treating provider must be an orthodontist AND either be a member of a recognized craniofacial team or approved by MAA's Dental Consultant to provide this service.	$200.00

Interceptive Orthodontics

D8050	**870000950**	**Interceptive orthodontic treatment of the primary dentition** **Requires use of Expedited Prior Authorization number** when billing for cleft palate and craniofacial anomaly cases. Payable only once per client. The maximum allowance includes all professional fees, laboratory costs, and required follow-up. No allowance for lost or broken appliance.	$520.00
D8060	**870000950**	**Interceptive orthodontic treatment of the transitional dentition** **Requires use of Expedited Prior Authorization number** when billing for cleft palate and craniofacial anomaly cases. Payable only once per client. The maximum allowance includes all professional fees, laboratory costs, and required follow-up. No allowance for lost or broken appliance.	$520.00

ADA Code	EPA Number	Description	Maximum Allowable 0-20 yrs

Limited Transitional Orthodontic Treatment

D8010	**870000950**	**Limited orthodontic treatment of the primary dentition.** **Requires use of Expedited Prior Authorization number** when billing for cleft palate and craniofacial anomaly cases. This reimbursement is for the **INITIAL PLACEMENT** when the appliance placement date and the date of service are the same. Includes first 3 months of treatment and appliance(s).	$670.00
D8020	**870000950**	**Limited orthodontic treatment of the transitional dentition.** **Requires use of Expedited Prior Authorization number** when billing for cleft palate and craniofacial anomaly cases. This reimbursement is for the **INITIAL PLACEMENT** when the appliance placement date and the date of service are the same. Includes first 3 months of treatment and appliance(s).	$670.00
D8030	**870000950**	**Limited orthodontic treatment of the adolescent dentition**. **Requires use of Expedited Prior Authorization number** when billing for cleft palate and craniofacial anomaly cases. This reimbursement is for the **INITIAL PLACEMENT** when the appliance placement date and the date of service are the same. Includes first 3 months of treatment and appliance(s).	$670.00

ADA Code	EPA Number	Description	Maximum Allowable 0-20 yrs

Additional - Limited Transitional Orthodontic Treatment

To receive reimbursement for each additional three-month period:

- The provider must examine the client in the provider's office at least twice during the 3-month period;
- Services must be billed at the end of the 3-month period. For billing purposes, use a date towards the end of the 3-month period as the date of service;
- Services billed using earlier dates in the 3-month period may be denied payment; and
- Actual service dates must be documented in the client's record.

D8010	**870000950**	**Limited orthodontic treatment of the primary dentition.** Reimbursement is for each **ADDITIONAL THREE MONTH PERIOD** when the appliance placement date and the date of service are different. Maximum of three units allowed. Requires the **Expedited Prior Authorization Number** listed when billing for cleft palate and craniofacial anomaly cases.	$210.00
D8020	**870000950**	**Limited orthodontic treatment of the transitional dentition.** Reimbursement is for each **ADDITIONAL THREE MONTH PERIOD** when the appliance placement date and the date of service are different. Maximum of three units allowed. Requires the **Expedited Prior Authorization Number** listed when billing for cleft palate and craniofacial anomaly cases.	$210.00

ADA Code	EPA Number	Description	Maximum Allowable 0-20 yrs
D8030	**870000950**	**Limited orthodontic treatment of the adolescent dentition**. Reimbursement is for each **ADDITIONAL THREE MONTH PERIOD** when the appliance placement date and the date of service are different. Maximum of three units allowed. Requires the **Expedited Prior Authorization Number** listed when billing for cleft palate and craniofacial anomaly cases.	$210.00
Full Orthodontic Treatment			
D8070	**870000950**	**Comprehensive orthodontic treatment of the transitional dentition.** This reimbursement is for the initial placement when the date of service and the appliance placement date are the same. **Requires Expedited Prior Authorization.** Use of the EPA number verifies that the client has a cleft palate or craniofacial anomaly. Includes first 6 months of treatment and appliances. Treating provider must be an orthodontist AND be either a member of a recognized craniofacial team or approved by MAA's Dental Consultant to provide this service.	$1,800.00

ADA Code	EPA Number	Description	Maximum Allowable 0-20 yrs
D8080	**870000950**	**Comprehensive orthodontic treatment of adolescent dentition.** This reimbursement is for the initial placement when the date of service and the appliance placement date are the same. **Requires Expedited Prior Authorization.** Use of the EPA number verifies that the client has a cleft palate or craniofacial anomaly. Includes first 6 months of treatment and appliances. Treating provider must be an orthodontist AND be either a member of a recognized craniofacial team or approved by MAA's Dental Consultant to provide this service.	$1,800.00
Additional - Full Orthodontic Treatment			
To receive reimbursement for each additional three-month period: • The provider must examine the client in the provider's office at least twice during the 3-month period. • Services must be billed at the end of the 3-month period. For billing purposes, use a date towards the end of the 3-month period as the date of service. • Services billed using earlier dates in the 3-month period may be denied payment. • Actual service dates must be documented in the client's record.			
D8070	**870000950**	**Comprehensive orthodontic treatment of the transitional dentition.** This reimbursement is for each **ADDITIONAL THREE-MONTH PERIOD** when the appliance placement date and the date of service are different. Maximum of 6 units allowed. **Requires Expedited Prior Authorization.** Use of the EPA number verifies that the client has a cleft palate or craniofacial. Treating provider must be an orthodontist AND be either a member of a recognized craniofacial team or approved by MAA's Dental Consult to provide this service.	$450.00

ADA Code	EPA Number	Description	Maximum Allowable 0-20 yrs
D8080	**870000950**	**Comprehensive orthodontic treatment of adolescent dentition.** This reimbursement is for each **ADDITIONAL THREE-MONTH PERIOD** when the appliance placement date and the date of service are different. Maximum of 6 units allowed. **Requires Expedited Prior Authorization.** Use of the EPA number verifies that the client has a cleft palate or craniofacial anomaly. Treating provider must be an orthodontist AND be either a member of a recognized craniofacial team or approved by MAA's Dental Consult to provide this service.	$450.00

ADA Code	PA Required?	Description	Maximum Allowable 0-20 yrs
Other Orthodontic Services			
D8680	**Yes**	**Orthodontic retention (removal of appliances, construction and placement of retainer(s))** **Use this code for** a client whose appliance was placed by an orthodontic provider not participating with MAA, and/or whose treatment was previously covered by another third-party payor. Fee includes debanding and removal of cement.	$100.00
D8690	**Yes**	**Orthodontic treatment (alternative billing to a contract fee)** **Use this code for each three-month period of follow-up orthodontic care** for a client who meets the criteria in WAC 388-535-1250, but whose banding, appliance placement and/or initial follow-up care was done by a provider not participating with MAA, or whose treatment was authorized and previously covered by another third-party payor. This follow-up care is for a period not to exceed one year, or the length of time remaining under the treatment plan authorized by the previous payor, whichever is shorter. **One unit allowed every 3 months, up to a total of 4 units.**	$120.00

ADA Code	PA Required?	Description	Maximum Allowable 0-20 yrs

Radiographs

D0330	**No**	**Panoramic film – maxilla and mandible** Allowable for orthodontic purposes only. Not to be used for restoration diagnostic purposes. Documentation must be entered in the client's file. **Panoramic-type films are allowed once in a 3-year period.** A shorter interval between panoramic radiographs may be allowed with written prior authorization from MAA. **Doing <u>both</u> a panoramic film and an intraoral complete series is not allowed.**	$43.00
D0340	**No**	**Cephalometric film** Allowable for orthodontic purposes only. Cephalometric film allowed once in a three-year period.	$43.00

ADA Code	PA Required?	Description	Maximum Allowable 0-20 yrs
SEVERE HANDICAPPING MALOCCLUSIONS			
Clinical Evaluations			
D0160	**No**	**Detailed and extensive oral evaluation Orthodontic Only** Use this code for Orthodontic information (initial workup). Includes orthodontic oral examination, taking and processing clinical photographs, completing required form(s) and obtaining MAA's authorization decision.	$45.00
D8660	**Yes**	**Pre-orthodontic treatment visit** Use this code for Orthodontist Case Study. Billable only by the treating orthodontic provider. Includes preparation of comprehensive diagnostic records (additional photos, study casts, cephalometric examination), formation of diagnosis and treatment plan from such records, and formal case conference.	$190.00
Interceptive Orthodontics			
D8050	**Yes**	**Interceptive orthodontic treatment of the primary dentition** Payable only once per client. The maximum allowance includes all professional fees, laboratory costs, and required follow-up. No allowance for lost or broken appliance.	$330.00
D8060	**Yes**	**Interceptive orthodontic treatment of the transitional dentition** Payable only once per client. The maximum allowance includes all professional fees, laboratory costs, and required follow-up. No allowance for lost or broken appliance.	$330.00

ADA Code	PA Required?	Description	Maximum Allowable 0-20 yrs
Limited Transitional Orthodontic Treatment			
D8010	**Yes**	**Limited orthodontic treatment of the primary dentition.** This reimbursement is for the **INITIAL PLACEMENT** when the appliance placement date and the date of service are the same. Includes first 3 months of treatment and appliance(s).	$420.00
D8020	**Yes**	**Limited orthodontic treatment of the transitional dentition.** This reimbursement is for the **INITIAL PLACEMENT** when the appliance placement date and the date of service are the same. Includes first 3 months of treatment and appliance(s).	$420.00
D8030	**Yes**	**Limited orthodontic treatment of the adolescent dentition**. This reimbursement is for the **INITIAL PLACEMENT** when the appliance placement date and the date of service are the same. Includes first 3 months of treatment and appliance(s).	$420.00

ADA Code	PA Required?	Description	Maximum Allowable 0-20 yrs
Additional - Limited Transitional Orthodontic Treatment			
To receive reimbursement for each additional three-month period: • The provider must examine the client in the provider's office at least twice during the 3-month period. • Services must be billed at the end of the 3-month period. For billing purposes, use a date towards the end of the 3-month period as the date of service. • Services billed using earlier dates in the 3-month period may be denied payment. • Actual service dates must be documented in the client's record.			
D8010	**Yes**	**Limited orthodontic treatment of the primary dentition.** This reimbursement is for each **ADDITIONAL THREE-MONTH PERIOD** when the appliance placement date and the date of service are the different. **Maximum of three units allowed.**	$180.00
D8020	**Yes**	**Limited orthodontic treatment of the transitional dentition.** This reimbursement is for each **ADDITIONAL THREE-MONTH PERIOD** when the appliance placement date and the date of service are different. **Maximum of three units allowed.**	$180.00
D8030	**Yes**	**Limited orthodontic treatment of the adolescent dentition**. This reimbursement is for each **ADDITIONAL THREE-MONTH PERIOD** when the appliance placement date and the date of service are different. **Maximum of three units allowed.**	$180.00

ADA Code	PA Required?	Description	Maximum Allowable 0-20 yrs
Full Orthodontic Treatment			
D8070	**Yes**	**Comprehensive orthodontic treatment of the transitional dentition.** This reimbursement is for the initial placement when the appliance placement date and the date of service are the same. Includes first 6 months of treatment and appliances.	$1,200.00
D8080	**Yes**	**Comprehensive orthodontic treatment of adolescent dentition.** This reimbursement is for the initial placement when the appliance placement date and the date of service are the same. Includes first 6 months of treatment and appliances.	$1,200.00
Additional - Full Orthodontic Treatment			
To receive reimbursement for each additional three-month period: • The provider must examine the client in the provider's office at least twice during the 3-month period. • Services must be billed at the end of the 3-month period. For billing purposes, use a date towards the end of the 3-month period as the date of service. • Services billed using earlier dates in the 3-month period may be denied payment. • Actual service dates must be documented in the client's record.			
D8070	**Yes**	**Comprehensive orthodontic treatment of the transitional dentition.** This reimbursement is for each **ADDITIONAL THREE-MONTH PERIOD** when the appliance placement date and the date of service are different. Maximum of 6 units allowed.	$225.00

ADA Code	PA Required?	Description	Maximum Allowable 0-20 yrs
D8080	**Yes**	**Comprehensive orthodontic treatment of adolescent dentition.** This reimbursement is for each **ADDITIONAL THREE-MONTH PERIOD** when the appliance placement date and the date of service are different. Maximum of 6 units allowed.	$225.00

ADA Code	PA Required?	Description	Maximum Allowable 0-20 yrs
Other Orthodontic Services			
D8680	**Yes**	**Orthodontic retention (removal of appliances, construction and placement of retainer(s))** **Use this code for** a client whose appliance was placed by an orthodontic provider not participating with MAA, and/or whose treatment was previously covered by another third-party payor. Fee includes debanding and removal of cement.	$100.00
D8690	**Yes**	**Orthodontic treatment (alternative billing to a contract fee)** **Use this code for each three-month period of follow-up orthodontic care** for a client who meets the criteria in WAC 388-535-1250, but whose banding, appliance placement and/or initial follow-up care was done by a provider not participating with MAA, or whose treatment was authorized and previously covered by another third-party payor. This follow-up care is for a period not to exceed one year, or the length of time remaining under the treatment plan authorized by the previous payor, whichever is shorter. **One unit allowed every 3 months, up to a total of 4 units.**	$120.00

ADA Code	PA Required?	Description	Maximum Allowable 0-20 yrs

Radiographs

D0330	**No**	**Panoramic film – maxilla and mandible** Allowable for orthodontic purposes only. Not to be used for restoration diagnostic purposes. Documentation must be entered in the client's file. **Panoramic-type films are allowed once in a 3-year period.** A shorter interval between panoramic radiographs may be allowed with written prior authorization from MAA. **Doing <u>both</u> a panoramic film and an intraoral complete series is not allowed.**	$43.00
D0340	**No**	**Cephalometric film** Allowable for orthodontic purposes only. Cephalometric film allowed once in a three-year period.	$43.00